

### REASONS FOR ERRORS IN DIAGNOSIS.

Doubtless the medical giants of a generation ago were as prolific in errors as the leaders of the present day in medical practice. And yet, out of their wonderfully vigorous personalities and out of their forceful, incisive teachings, we can with profit glean sheaves of scientific method whose value time can never decrease. Out of many, two facts come to mind as of outstanding merit in the diagnosis. These two, perhaps, represented the acme of the qualities and attainments of the older school whose names have come down to us in a cloud of respect, affection and admiration. These two facts are, first, their power of independent reasoning and judgment, and second, their power of observation. For accurate diagnosis, these two methods are worthy of all emulation and cultivation. Conscious, purposeful thinking and clearly defined judgment on the facts presented, must lie at the basis of consistently good diagnosis. Those facts must be adequate, and good observation will usually make them adequate.

It was said epigrammatically in the flu epidemic that out of ten patients, three would recover with no care, five more would recover with good nursing, one more would recover with good doctoring, and the last would die in spite of all. So in diagnosis, we can impress a truth by saying that of ten patients, three will be diagnosed correctly with careless methods, five more with good observation, analysis and judgment, one more by the aid of special refinements of laboratory technique and the last will resist all endeavors toward correct diagnosis.

High living and low thinking are not conducive to good observation or good judgment. A successful purse will not arise from a sow's ear. Training and native aptitude are prerequisite and one important purpose of pre-medical courses should be to eliminate students unfitted for the medical art. Blind adherence to the dicta of authority will not make a diagnostician. Independent and thorough observation and analysis are the foundation stone.

Lack of adequate observation means inattentive routine of examination. It means incomplete history. Many affections can be accurately diagnosed from the history alone. It is good practice to endeavor to make a tentative diagnosis from the history alone, and check this up by the evidences obtained through other methods. No printed form avails for either history or examination. A routine must be used but it must be flexible to permit adaptation to the individual patient.

While laboratory examinations are of the utmost importance, and in many cases provide the only conclusive diagnostic evidence, in the majority laboratory returns are of value only as a confirmation or disputation of other findings. Good judgment in the interpretation of laboratory results is of paramount necessity. Independent reasoning and routine thorough elucidation of all data concerned, will go far to simplifying diagnosis.

It is important to remember that many cases

are not susceptible of complete diagnosis and it should never be felt that there is an impulsive necessity for making a sharp diagnosis on every patient. It is wiser to go no further than the data assembled actually justify.

Good diagnostic ability, therefore, does not require unusual skill or genius. Neither a Sherlock Holmes nor an inspired prophet is necessary. Careful thorough examination and observation, together with independent purposeful reasoning and judgment, these are the essentials and these essentials are within the reach of every doctor of average training and ability.

### Editorial Comment

There is reported the enactment in Alabama of a law requiring all males to undergo examination by licensed physicians to determine if venereal disease is present, before such persons apply for a license to marry. Wisconsin has a similar statute.

It is most gratifying to read, as reported in another column, that the State Board of Medical Examiners has decided to discontinue the practice of permitting foreign candidates for licensure, to take the written examination in their native language. As advocated previously in the Journal, all candidates should take the same examination and this should be in English only. The medical profession as well as the patriotic and public-spirited public will heartily commend this change.

In a recent issue of the Survey appeared a lucubration signed by one who would appear as the Eddvite Committee on Publication for New York. In this effusion is the following statement, "Christian Science can and does heal cancer." There are doubtless persons who are deluded by such trash. Such wild claims simply show the need for sane, lucid, exposition of the truths of sanitary and other medical science, and the education of the entire people in a knowledge of the principles of healthful and wholesome living.

Says the Illinois Medical Journal: "The strength of Christian Science in America may prove as great a conundrum as the age-long mystery 'how old is Ann?' True, the few who profess a belief in this theory are very noisy and active. But that the association is numerically strong is ridiculous to presume. Activities of the followers of Mrs. Eddy remind us of the story of the man who made a bargain for the sale of a million frogs. Finally he produced only ten frogs. When asked why he did not deliver the remainder he remarked 'ten is all I have.' 'But,' said the purchaser, 'you told me you had a million.' To this the frog owner replied, 'I judged so because of the noise they made.'"

How refreshingly amusing to read of the "Los Angeles Osteopathic Surgical Society." Soon there will be an "Osteopathic Medical Society" and then somebody will forget to put in the "osteopathic." And then where will we be? Verily, it